

NOTES FROM THE LOG-BOOK OF A VETERAN NURSE

By GRACE HOLMES

Graduate of the Wisconsin Training School, Milwaukee, Wisconsin.

THE following collection of items I beg of you, indulgent reader, not to regard as reading matter claiming the dignified title of "an article." I was asked for an extremely practical paper which might prove helpful to the many readers of the JOURNAL who are scattered throughout our country, far from the possibility of exchanging notes with others of our craft, and with that object in mind I am emboldened to put together such items as follow because, even in this busy progressive centre of nursing, I not infrequently find an able and experienced nurse to whose fund of practical knowledge one or another of these suggestions becomes a welcomed addition.

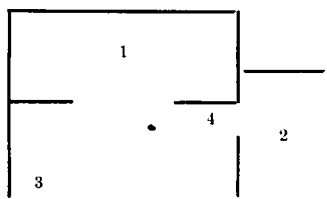
I believe there is no life work which is engaging the attention of women to-day, in which little things count more than they do in the work of a nurse. And in making this statement I deliberately except not even the life of a busy mother of young children. Little things,—the dogged persistence of the search for even one crumb under the sensitive back of a patient—the loosening, almost by a hairsbreadth, of a too snug bandage—the faithful care of a nipple—the exceeding niceness of adjustment of a cotton pad under the collapsing arch of a foot. Where do little things count more than in these and a thousand other details in the life of a watchful nurse?

I am not speaking now in behalf of the patient, but in the interest of the busy nurse herself. My Alma Mater was manned by able women from Bellevue, and one of the lessons which they most carefully drilled into us was that "anything which makes for the convenience of the nurse contributes to the comfort of the patient." At first glance one might feel inclined to question this statement, but, at the end of fifteen years of nursing, I am of the opinion that it "works out."

Of course we were taught—in common with all other nurses from all other schools—that when a nurse enters the home of a patient, she should not demand all sorts of things which the family cannot afford to buy—that she should not turn the house upside down in her effort to get things fixed the way she likes to have them—till every one in the house wishes that the doctor had not insisted upon a trained nurse. "Well," says my busy reader, "hurry on, we all know that!" Yes, we all *do* know that lesson, and that it is a good one not to forget, and

yet I sometimes fear that in some schools this lesson is taught to the exclusion of the other sane Bellevue maxim.

I was led to this conclusion and to an impulse to raise a voice in protest when, in a recent case, I was called to be assistant to a nurse who had been out of school only six months. The accompanying diagram shows the comfortable little suite of two rooms and bath, in which I have marked only such things as bear upon my point. Upon arriving, I found the nurse almost ill from fatigue after struggling on for two weeks alone. By the time she felt that I was thoroughly enough instructed to be left alone, my well defined affinity for small conveniences had prompted me to ask a few questions on my own account, the last one being if she would consider it an impertinence if I should rearrange things a little in the rooms. I put this question with fear and trembling, for I have a dread of making a young nurse feel that I am criticising. However, this one was just tired enough to answer that she would be glad to have me do *anything* that would make the work easier.



Now this nurse was a woman of brains, conscientious, and of charming personality, yet she had been so carefully taught that the nurse should assume, so far as it is possible, all the burdens of the additional work incident to there being sickness in a household, that she had made no changes of any kind in the arrangement of the sick room, though she was well aware that some were needed. Consequently, she was working on the right side, *i.e.*, the wrong side, of a double bed, though the patient had become quite helpless, delirious, and was having frequent involuntary evacuations of the bowels and a persistent dribbling of urine.

Three hours after I was left alone on duty the patient was—not on a single bed, for there was none available—on a cot which answered surprisingly well during the remaining weeks of sickness. To be sure the cot had to be brought from the barn and it took three members of the family to effect the change—yet the help was gladly given. The only other alteration in the arrangement of the room was to move the medicine table from its position at 3 to 4—thereby bringing it in the direct line of march between 2, the bathroom, and 1, the patient's bed.

Having something of a mathematical turn of mind I computed that, taking into account the size of the room and the number of trips which we would necessarily make across it, we effected by this seemingly unimportant change in the position of the table, a saving of *two miles in twenty-four hours*. Now I thoroughly believe that any nurse will be the better for a two mile walk on any day, yet I would recommend that such walk be taken straight ahead and in the open air.

This case was an uncommonly interesting and instructive one, being erysipelas, from which not one inch of cuticle escaped. Catheterization had been necessary at first, then for several days the bladder was emptied voluntarily. Again, at the time of my arrival, there was, as I said before, almost constant dribbling. To our infinite surprise, upon catheterization the bladder was found to contain thirty-eight ounces of urine. Subsequently by catheterizing every eight hours, the leakage was absolutely controlled; also, by the use of large high colonic flushing we reduced the number of stools materially. I would suggest this method as a regular procedure for the controlling of these troublesome conditions, always, of course, with the physician's permission which, save in special intestinal cases, I believe would almost never be withheld; for physicians dread bedsores as much as we do and know how difficult they are to prevent in cases of long illness. When involuntaries are inevitable, an 18 x 18 inch pad, such as is in common use for obstetrical work, is very helpful,—two thicknesses of the commonest cotton bat, covered with the cheapest grade of cheese cloth, not sewed at all unless the patient is very restless. This can be burned, and will cost less than the washing of sheets. Also in "cleaning up" these and obstetrical cases, this common cotton makes serviceable sponges, for it *will* absorb warm soap suds or lysol solution, and costs so little that it is gladly furnished by many families who could not be asked to supply absorbent cotton for such lavish use.

Another extremely satisfactory experiment which we tried in the above case was that of twenty-four, instead of twelve hour, reliefs, the change being made at ten A.M. The nurse going off duty at ten (if the case is not contagious) has time for a walk, a bit of shopping, or a call, before luncheon, a good afternoon nap, up for the pleasant family dinner, to bed early, a leisurely rise in the morning, and comfortable breakfast, a walk, and she is ready for duty at nine or ten when, if necessary, an hour can be spent together over the heavy work. Then the tired nurse is relieved by the fresh one who brings to her work a nice feeling of having had time to eat and sleep and breathe and who is by no means tired out at bed-time but stands the night on duty without

special fatigue and with a comfortable feeling that she has something good coming. In all my years of work I have never spent a more comfortable fortnight and, while I well know that not all cases can be taken care of in this way, yet I do urge a fair trial of this plan where it is possible.

A certain labor saving device very dear to my heart is one for keeping a supply of ice upstairs at night. Take from one to two quarts of chopped ice, from very small pieces to others the size of an egg, place in a clean towel or napkin and suspend into any large pitcher, securing it at the top so as to prevent the ice from touching the drained off water. Wrap the whole over and around with a wet bath towel, which towel must be kept wet. Now place in an open window. Ice can be taken out from time to time during the night and at breakfast time some of the larger pieces will still be found unmelted. Milk, in a Mason jar, wrapped in the same way, in an open window, will keep cold and sweet for the night's use.

A tiny device called the "Universal gas stove," which fits over any common gas burner, will hold a dish large enough for boiling a catheter or heating a little water and saves many trips down to the kitchen, costs ten cents, and should be obtainable in any gasfixture or hardware store. The common little medicine dropper has many uses beside that for which it was originally designed. One can be more sure of a baby's swallowing a dose of medicine if it is delivered well back on the tongue by means of a dropper. A dry fever tongue can be moistened all over by the same device, as can also the tongue of an unconscious dying patient, when the risk of choking makes it impossible to accomplish the purpose with a spoon. The ordinary two quart rubber water bottle, half filled with cold water, placed under the base of the brain will do much to tide a patient over a day of exhausting summer heat and does away with many of the cool spongings which might otherwise be necessary, saving nervous and physical energy for both patient and nurse.

When the linen supply is very limited, and towels are hard or impossible to get, a little talcum powder sprinkled on the bed pan will prevent it from sticking to the moist skin of the patient and save that extremely unpopular accident which will sometimes happen in spite of the utmost care. And now last, but in importance by no means least, is an experience which has made a profound impression upon me. This is by no means original with me, yet the experiment has proved so pronouncedly successful that I would feel that I had failed to perform a plain duty did I omit relating it.

The four-months old daughter of my neighbor was a malted milk baby, very tiny, very happy, contented, a good sleeper, evidently she had no complaint to make of her diet, yet she had an undertone of blue in her coloring and a suggestion of frailty in her general appearance that kept us always apprehensive and uneasy. Further, she had a marked tendency to become, not chafed, but badly excoriated—and she is of clean, healthy parentage. About the middle of June orange juice was added to her diet, from a few drops working up rapidly to a teaspoonful twice a day. Improvement was almost immediate. The blue tint gave place to a most satisfactory pink, and by the end of a month she no longer looked like a frail baby and the tendency to become excoriated had decreased very much—indeed almost disappeared.

An eminent children's specialist explains the action of the orange juice thus: Orange juice is added to the diet of a nursing baby to supply the proteid iron which is found in vegetables. Could we feed tomatoes, cucumbers, etc., the result would be the same. These vegetables, however, upset a baby's stomach which, for some unknown reason, orange juice rarely does. Why some babies thrive without this supplement to the diet, while others do not, is a mystery, yet that they do is a well-demonstrated fact. I believe it is quite within the province of a nurse to suggest this addition to a baby's diet and I most earnestly commend it to the serious consideration of any one coming in contact with a delicate baby.

A NEW CRANFORD—CONTINUED

By ISABEL McISAAC

CHAPTER III. OTHER PEOPLE'S CHILDREN

Our old friend Christine used to say, with grim Scotch humor: "The reason why there are so many old maids in the world is to care for the married women's children."

Her remark was apropos of certain women who found it so easy to drop their progeny in the hospital, along with their responsibility, leaving the nurses to do not only the nursing, but a thousand mother duties as well, while the real mother did a full quota of shopping, matinees and horse shows. Christine also got her feelings agitated by the numbers of nurses and other self-supporting women working night and day to help care for nieces and nephews whose parents proved unequal to the task.

If a vote were taken to decide which is the greater offense, "race suicide" or the wicked negligence of children already existing, the vote of nurses would no doubt be for the latter.